PTO/SB/06 (07-06)

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U.S. Patent and Tradent Affice; U.S. Debart Affice; U.S. Debart Chief, U.S.

PATENT APPLICATION FEE DETERMINATION RECORD Substitute for Form PTO-875							Application or Docket Number 10/627,582			ing Date 25/2003	To be Mailed	
APPLICATION AS FILED – PART I (Column 1) (Column 2)							SMALL ENTITY				HER THAN	
⊢	FOR		NUMBER FILED		NUMBER EXTRA		RATE (\$)	FEE (\$)	OR	RATE (\$)	FEE (\$)	
	BASIC FEE		N/A		N/A		N/A	FEL (a)	ł	N/A	FEL (#)	
┝	(37 CFR 1.16(a), (b), SEARCH FEF	or (c))							ł	<u> </u>		
片	(37 CFR 1.16(k), (i),		N/A		N/A		N/A			N/A		
	EXAMINATION FE (37 CFR 1.16(o), (p),		N/A		N/A		N/A		l	N/A		
(37	FAL CLAIMS CFR 1.16(i))		minus 20 = *				x \$ =		OR	x s =		
	EPENDENT CLAIM CFR 1.16(h))	S	minus 3 = *			]	x \$ =			x \$ =		
	APPLICATION SIZE (37 CFR 1.16(s))	FEE shee is \$2 addit	ts of pap 50 (\$125 ional 50 s	gs exceed 100 on size fee due for each on thereof. See CFR 1.16(s).								
	MULTIPLE DEPEN	IDENT CLAIM PR	ESENT (3	7 CFR 1.16(j))					]			
* If	he difference in col	r "0" in column 2.		TOTAL		]	TOTAL					
	APPLICATION AS AMENDED – PART II (Column 1) (Column 2) (Column 3)							OTHER THAN SMALL ENTITY OR SMALL ENTITY				
ΙN	12/15/2008	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE (\$)	ADDITIONAL FEE (\$)		RATE (\$)	ADDITIONAL FEE (\$)	
AMENDMENT	Total (37 CFR 1.18())	• 2	Minus	<b></b> 36	= 0	]	X \$26 =	0	OR	x s =		
	Independent (37 CFR 1.16(h))	• 1	Minus	3	= 0	1	X \$110 =	0	OR	x s =		
Ž	Application Size Fee (37 CFR 1.16(s))											
٩	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j))								OR			
Г							TOTAL ADD'L FEE	0	OR	TOTAL ADD'L FEE		
		(Column 1)		(Column 2)	(Column 3)							
F		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE (\$)	ADDITIONAL FEE (\$)		RATE (\$)	ADDITIONAL FEE (\$)	
Z I	Total (37 CFR 1,16(i))		Minus		=	1	x \$ =		OR	x \$ =		
AMENDMENT	Independent (37 CFR 1.16(h))		Minus	***		1	x \$ =		OR	x \$ =		
Z	Application Size Fee (37 CFR 1.16(s))					1			1			
AM	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j))					1			OR			
Г							TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE		
**	* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".  **If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".  The "Highest Number Previously Paid For" (Total or independent) is the highest number found in the appropriate box in column 1.											

This collection of information is equated by 37 CTR 1.10. The information is required to obtain or retain a benefit by the public which is to life (and by the USPTO to moderable) any objection. Confidentiality is governed by 80 Sts CTR 2nd 37 CTR 1.15. This collection is estimated to state 2 zenutions to complete is evolved in patients of the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or segeogetions form double be sent to the CERT (information Officer, U.S. Patient and Trademark Office, U.S. Department of Commence, P.O. Box 1450, Alexandrias, VA 2213-1450, Do NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS SEND TO C. Commissionment for Patients is P.O. Box 1450, Alexandrias, VA 2213-1450, Do NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS SEND TO C. Commissionment for Patients is P.O. Box 1450, Alexandrias, VA 22313-1450, Do NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS SEND TO C. Commissionment for Patients is P.O. Box 1450, Alexandrias, VA 22313-1450.